

California Code of Regulations
Title 22. Social Security
Division 9. Prehospital Emergency Medical Services
Chapter 2. Emergency Medical Technician I

Article 1. Definitions

§ 100056. Automated Defibrillator.

“Automated defibrillator” means an external defibrillator capable of cardiac rhythm analysis that will charge and deliver a shock, either automatically or by user interaction, after electronically detecting and assessing ventricular fibrillation or rapid ventricular tachycardia.

NOTE: Authority cited: Sections 1797.107 and 1797.170, Health and Safety Code. Reference: Sections 1797.52, 1797.107 and 1797.170, Health and Safety Code.

§ 100056.1. Manual Defibrillator.

“Manual Defibrillator” means a monitor/defibrillator that has no capability or limited capability for rhythm analysis and will charge and deliver a shock only at the command of the operator.

NOTE: Authority cited: Sections 1797.107 and 1797.170, Health and Safety Code. Reference: Sections 1797.52, 1797.107 and 1797.170, Health and Safety Code.

§ 100057. EMT-I Approving Authority.

“EMT-I approving authority” means an agency or person authorized by this Chapter to approve an Emergency Medical Technician I training program, as follows:

(a) The EMT-I approving authority for an Emergency Medical Technician I (EMT-I) training program conducted by a qualified statewide public safety agency shall be the director of the Emergency Medical Services Authority (EMS Authority).

(b) The EMT-I approving authority for any other Emergency Medical Technician I (EMT-I) training programs not included in subsection (a) shall be the local EMS agency within that jurisdiction.

NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety Code. Reference: Sections 1797.109, 1797.170 and 1797.208, Health and Safety Code.

§ 100058. EMT-I Certifying Authority.

“EMT-I certifying authority” means an agency or person authorized to certify and recertify, as an Emergency Medical Technician I, an individual who has complied with the requirements of this Chapter, as follows:

(a) The program director of an approved training program offered by a public safety agency may certify and recertify an individual who complies with the requirements of this Chapter and who has successfully completed its approved EMT-I course and an approved certifying examination.

(b) The medical director of the local EMS agency shall certify and recertify all other applicants for EMT-I certification within their jurisdiction who have complied with the requirements of this Chapter.

NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety Code. Reference: Sections 1797.109, 1797.170, 1797.210 and 1797.216, Health and Safety Code.

§ 100059. Certifying Examination.

“Certifying examination,” as used in this Chapter, means an examination either developed or approved by the EMS Authority or the EMT-I certifying authority and administered or approved by the EMT-I certifying authority, given to an individual applying for certification as an EMT-I. The examination shall include both written and skills testing portions designed to determine an individual’s competence for certification as an EMT-I. The EMT-I certifying authority may designate the final written examination and skills test of the EMT-I course as the measure of competency of certification.

NOTE: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.175, Health and Safety Code. Reference: Sections 1797.170, 1797.175, 1797.210 and 1797.216, Health and Safety Code.

§ 100059.1. Optional Skill Medical Director.

“Optional skill medical director” means a physician and surgeon licensed in California who is certified by the American Board of Emergency Medicine and is approved by the local EMS medical director to be responsible for an EMT-I defibrillation program and/or endotracheal intubation program, and/or esophageal-tracheal airway device program, including medical control. Waiver of the board-certified requirement may be granted by the local EMS medical director if such physicians are not available for approval.

NOTE: Authority cited: Sections 1797.107, and 1797.170, Health and Safety Code. Reference: Sections 1797.52, 1797.90, 1797.107, 1797.170, 1797.176 and 1797.202 Health and Safety Code.

§ 100060. Emergency Medical Technician I (EMT-I).

“Emergency Medical Technician I” or “EMT-I” means a person who has successfully completed an EMT-I course which meets the requirements of this Chapter, has passed all required tests, and who has been certified by the EMT-I certifying authority.

(a) An individual currently certified in California as an EMT-IA or EMT-INA is deemed to be certified as an EMT-I, with no further testing required, upon documentation of training in the topics specified in Section 100075 subsection (p). The certification expiration date shall be the same as the expiration date of the EMT-IA or EMT-INA certification.

NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety Code. Reference: Sections 1797.80 and 1797.170, Health and Safety Code.

§ 100061. Local Accreditation.

“Local accreditation” or “accreditation” or “accredited to practice” as used in this Chapter, means authorization by the local EMS agency to practice the optional skill(s) specified in Section 100064 within

that jurisdiction. Such authorization assures that the EMT-I has been oriented to the local EMS system and trained in the optional skill(s) necessary to achieve the treatment standard of the jurisdiction.

NOTE: Authority cited: Sections 1797.107 and 1797.170, Health and Safety Code. Reference: Sections 1797.170, 1797.176, 1797.177, 1797.178, 1797.200, 1797.204, 1797.206, 1797.210 and 1797.214, Health and Safety Code.

Article 2. General Provisions

§ 100062. Application of Chapter to Operation of Ambulances.

(a) Except as provided herein, the attendant on an ambulance operated in emergency service, or the driver if there is no attendant, shall possess a valid and current California EMT-I certificate. This requirement shall not apply during officially declared states of emergency and under conditions specified in Health and Safety Code, Section 1797.160.

(b) The requirements for EMT-I certification of ambulance attendants shall not apply, unless the individual chooses to be certified, to the following:

- (1) Physicians currently licensed in California.
- (2) Registered nurses currently licensed in California.
- (3) Physicians' assistants currently licensed in California.
- (4) Emergency Medical Technician Paramedics (EMT-Ps) currently certified in California.
- (5) Emergency Medical Technician IIs (EMT-IIs) currently certified in California.

(c) EMT-Is who are not currently certified in California may temporarily perform their scope of practice in California, when approved by the medical director of the local EMS agency, in order to provide emergency medical services in response to a request, if all the following conditions are met:

(1) The EMTs are registered by the National Registry of Emergency Medical Technicians or licensed or certified in another state or under the jurisdiction of a branch of the Armed Forces including the Coast Guard of the United States, National Park Service, United States Department of the Interior--Bureau of Land Management, or the United States Forest Service; and

(2) The EMTs restrict their scope of practice to that for which they are licensed or certified.

NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety Code. Reference: Sections 1797.160 and 1797.170, Health and Safety Code.

§ 100063. Scope of Practice of Emergency Medical Technician-I (EMT-I).

(a) During training, while at the scene of an emergency, during transport of the sick or injured, or during interfacility transfer, a supervised EMT-I student or certified EMT-I is authorized to do any of the following:

- (1) Evaluate the ill and injured
- (2) Render basic life support, rescue and first aid to patients.
- (3) Obtain diagnostic signs including temperature, blood pressure, pulse and respiration rates, level of consciousness, and pupil status.
- (4) Perform cardiopulmonary resuscitation, including the use of mechanical adjuncts to basic cardiopulmonary resuscitation.
- (5) Use the following adjunctive airway breathing aids:

- (A) oropharyngeal airway;
 - (B) nasopharyngeal airway;
 - (C) suction devices;
 - (D) basic oxygen delivery devices; and
 - (E) manual and mechanical ventilating devices designed for prehospital use.
 - (6) Use various types of stretchers and body immobilization devices.
 - (7) Provide initial prehospital emergency care of trauma.
 - (8) Administer oral glucose or sugar solutions.
 - (9) Extricate entrapped persons.
 - (10) Perform field triage.
 - (11) Transport patients.
 - (12) Set up for ALS procedures, under the direction of an EMT-II or EMT-P.
 - (13) Inflate antishock trousers, under the direction of an EMT-II or EMT-P, if approved by the medical director of the local EMS agency.
- (b) In addition to the activities authorized by subdivision (a) of this section, the medical director of the local EMS agency may also establish policies and procedures to allow a certified EMT-I or a supervised EMT-I student in the prehospital setting and/or during interfacility transport to:
- (1) monitor peripheral lines delivering intravenous glucose solutions or isotonic balanced salt solutions including Ringer's lactate for volume replacement;
 - (2) Monitor, maintain, and adjust if necessary in order to maintain, a preset rate of flow and turn off the flow of intravenous fluid; and
 - (3) Transfer a patient, who is deemed appropriate for transfer by the transferring physician, and who has nasogastric (NG) tubes, gastrostomy tubes, heparin locks, foley catheters, tracheostomy tubes and/or indwelling vascular access lines, excluding arterial lines;
 - (4) Monitor preexisting vascular access devices and peripheral lines delivering intravenous fluids with additional medications pre-approved by the Director of the EMS Authority. Approval of such medications shall be obtained pursuant to the following procedures:
 - (A) The medical director of the local EMS agency shall submit a written request, Form #EMSA-0391, revised January 1994, and obtain approval from the director of the EMS Authority, who shall consult with a committee of local EMS medical directors named by the Emergency Medical Directors Association of California, for any additional medications that in his/her professional judgement should be approved for implementation of Section 100063(b)(4).
 - (B) The EMS Authority shall, within fourteen (14) days of receiving the request, notify the medical director of the local EMS agency submitting the request that the request has been received, and shall specify what information, if any, is missing.
 - (C) The director of the EMS Authority shall render the decision to approve or disapprove the additional medications within ninety (90) days of receipt of the completed request.
 - (5) Assist patients with the administration of physician prescribed devices, including but not limited to, patient operated medication pumps, sublingual nitroglycerin, and self-administered emergency medications, including epinephrine devices.

(c) The scope of practice of an EMT-I shall not exceed those activities authorized in this section, Section 100064, and Section 100064.1.

NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety Code. Reference: Sections 1797.170 and 1797.221, Health and Safety Code.

§ 100064. Optional Skill.

(a) In addition to the activities authorized by Section 100063 of this Chapter, a local EMS agency may establish policies and procedures for local accreditation of an EMT-I student or certified EMT-I to perform any or all of the following optional skills specified in subsections (a)(1), (a)(2) and (a)(3) of this section:

(1) Defibrillation on an unconscious, pulseless patient who is apneic or has agonal respirations.

(A) Training in the use of a manual defibrillator shall consist of not less than ten (10) hours to result in the EMT-I being competent in the recognition of ventricular fibrillation and use of the device. Included in the above training hours shall be the following topics and skills:

1. Anatomy and physiology of the heart;
2. Basic electrophysiology;
3. Cardiac monitoring;
4. Rhythm recognition of ventricular fibrillation, ventricular tachycardia, pulseless electrical activity, and cardiac standstill (asystole);
5. Defibrillator operation and defibrillation;
6. Medical control; and
7. Post conversion care and monitoring according to local policies and procedures.

(B) Training in the use of an automated defibrillator shall consist of not less than (4) hours to result in the EMT being competent in the use of the device. Included in the above training hours shall be the following topics and skills:

1. Anatomy and physiology of the heart;
2. Basic electrophysiology;
3. Defibrillator operation and defibrillation;
4. Medical control; and
5. Post conversion care and monitoring according to local policies and procedures.

(2) Endotracheal intubation for children and adults.

(A) Training in endotracheal intubation shall consist of not less than fourteen (14) hours to result in the EMT-I being competent in airway control. Included in the above training hours shall be the following topics and skills:

1. Airway anatomy and physiology.
2. Patient assessment.
3. The role of endotracheal intubation in the sequence of airway control.
4. The role of pre-oxygenation in preparation for endotracheal intubation.
5. Use of the laryngoscope, suction, endotracheal tube, and bag-valve mask.
6. Indication and contraindications of endotracheal intubation.
7. Alternatives to endotracheal intubation.
8. Skill deterioration and methods of prevention.

9. Need for rapid placement of endotracheal tube.
 10. Methods of assuring and maintaining correct placement of endotracheal tube.
- (3) Use of esophageal-tracheal airway device.
- (A) Training in the use of an esophageal-tracheal airway device shall consist of not less than five (5) hours to result in the EMT-I being competent in the use of the device and airway control. Included in the above training hours shall be the following topics and skills:
1. Anatomy and physiology of the respiratory system.
 2. Assessment of the respiratory system.
 3. Review of basic airway management techniques, which includes manual and mechanical.
 4. The role of the esophageal-tracheal airway device in the sequence of airway control.
 5. Indications and contraindications of the esophageal-tracheal airway device.
 6. The role of pre-oxygenation in preparation for the esophageal-tracheal airway device.
 7. Esophageal-tracheal airway device insertion and assessment of placement.
 8. Methods for prevention of basic skills deterioration.
 9. Alternatives to the esophageal-tracheal airway device.
- (B) At the completion of initial training, a student shall complete a competency-based written and skills examination for airway management which shall include the use of basic airway equipment and techniques and use of the esophageal-tracheal airway device.
- (C) A local EMS agency shall establish policies and procedures for skills competency demonstration that requires the accredited EMT-I to demonstrate skills competency monthly for a minimum of six (6) months after initial accreditation and every six (6) months thereafter.
- (b) The medical director of the local EMS agency shall develop a plan for each optional skill allowed. The plan shall, at a minimum, include the following:
- (1) A description of the need for the use of the optional skill.
 - (2) A description of the geographic area within which the optional skill will be utilized.
 - (3) A description of the data collection methodology which shall also include an evaluation of the effectiveness of the optional skill.
 - (4) The policies and procedures to be instituted by the local EMS agency regarding medical control and use of the optional skill.
- (c) A local EMS agency medical director who accredits EMT-Is to perform an optional skill shall:
- (1) Establish policies and procedures for the approval and designation of service provider(s).
 - (2) Approve and designate selected base hospital(s) as the local EMS agency deems necessary to provide direction and supervision of accredited EMT-Is in accordance with policies and procedures established by the local EMS agency.
 - (3) Establish policies and procedures to collect, maintain and evaluate patient care records.
 - (4) Establish a quality improvement program. Quality improvement means a method of evaluation of services provided, which includes defined standards, evaluation of methodology(ies) and utilization of evaluation results for continued system improvement. Such methods may include, but not be limited to, a written plan describing the program objectives, organization, scope and mechanisms for overseeing the effectiveness of the program.
- (5) For the optional skill of defibrillation only, report annually to the EMS Authority on:

- (A) The number of patients on whom EMT-I defibrillatory shocks were administered:
1. The number of these patients who suffered a witnessed (seen or heard) cardiac arrest whose initial monitored rhythm was ventricular tachycardia or ventricular fibrillation; and
 2. The number of these patients who were discharged from the hospital alive:
- (d) The local EMS medical director may approve an optional skill medical director to be responsible for accreditation and any or all of the following requirements.
- (1) Approve and monitor training programs including refresher training within its jurisdiction.
 - (2) Establish policies and procedures for continued competency in the optional skill which will consist of organized field care audits, periodic training sessions and/or structured clinical experience that will be in addition to the requirements in Section 100081 of this Chapter.
 - (3) Require a documented demonstration of the optional skill proficiency at intervals determined by the medical director. In no case shall the interval exceed one (1) month for those accredited to use manual defibrillators, every six (6) months for those accredited to use automated defibrillators, every six (6) months for those accredited to perform endotracheal intubation and monthly for a minimum of six months after initial accreditation and every six (6) months thereafter for those accredited to use the esophageal-tracheal airway device..
- (A) Accreditation may be rescinded by the medical director who granted accreditation if, in his/her judgement, the individual fails to demonstrate competency in the optional skill.
- (B) Accreditation may be temporarily suspended in accordance with the local EMS agency's policies and procedures, by the local EMS medical director, EMT-I optional skill medical director, or base hospital medical director.
- (C) The local EMS agency medical director may review and sustain or overrule a decision to rescind or suspend accreditation made by the optional skill medical director or base hospital physician.
- (D) The local EMS agency shall develop policies to provide for notice and appeal procedures for individual(s) whose accreditation has been suspended or rescinded.
- (e) For the optional skill of defibrillation, the optional skill medical director may delegate the specific field care audits, training, and demonstration of competency, if approved by the local EMS agency medical director, to a physician, registered nurse, physician assistant, EMT-P, EMT-II, or EMT-I accredited in defibrillation, licensed or certified in California, or a physician licensed in another state immediately adjacent to the local emergency medical services agency jurisdiction.
- (f) For the optional skill of endotracheal intubation, the optional skill medical director may delegate the specific field care audits, training, and demonstration of competency, if approved by the local EMS agency medical director, to a physician, registered nurse, physician assistant, EMT-P or EMT-II, licensed or certified in California or a physician licensed in another state immediately adjacent to the local emergency medical services agency jurisdiction.
- (g) An EMT-I accredited in an optional skill may assist in demonstration of competency and training of that skill.
- (h) In order to be accredited to utilize defibrillation, endotracheal intubation, or an esophageal-tracheal airway device, an EMT-I shall demonstrate competency through passage, by preestablished standards, developed and/or approved by the local EMS agency, of a competency-based written and skills examination which tests the ability to assess and manage the specified condition.

NOTE: Authority cited: Sections 1797.107 and 1797.170, Health and Safety Code. Reference: Sections 1797.52, 1797.58, 1797.90, 1797.170, 1797.173, 1797.175, 1797.176, 1797.202, 1797.208, 1797.212, 1798, 1798.2, 1798.4, 1798.100, 1798.102 and 1798.104, Health and Safety Code.

§ 100064.1. EMT-I Trial Studies.

An EMT-I may perform any prehospital emergency medical care treatment procedure(s) or administer any medication(s) on a trial basis when approved by the medical director of the local EMS agency and the director of the EMS Authority. The medical director of the local EMS agency shall review the medical literature on the procedure or medication and determine in his/her professional judgement whether a trial study is needed.

(a) The medical director of the local EMS agency shall review a trial study plan which, at a minimum, shall include the following:

(1) A description of the procedure(s) or medication(s) proposed, the medical conditions for which they can be utilized, and the patient population that will benefit.

(2) A compendium of relevant studies and material from the medical literature.

(3) A description of the proposed study design, including the scope of study and method of evaluating the effectiveness of the procedure(s) or medication(s), and expected outcome.

(4) Recommended policies and procedures to be instituted by the local EMS agency regarding the use and medical control of the procedure(s) or medication(s) used in the study.

(5) A description of the training and competency testing required to implement the study. Training on subject matter shall be consistent with the related topic(s) and skill(s) specified in Section 100159, Chapter 4 (EMT-P regulations), Division 9, Title 22, California Code of Regulations.

(b) The medical director of the local EMS agency shall appoint a local medical advisory committee to assist with the evaluation and approval of trial studies. The membership of the committee shall be determined by the medical director of the local EMS agency, but shall include individuals with knowledge and experience in research and the effect of the proposed study on the EMS system.

(c) The medical director of the local EMS agency shall submit the proposed study and a copy of the proposed trial study plan at least forty-five(45) days prior to the proposed initiation of the study to the director of the EMS Authority for approval in accordance with the provisions of Section 1797.221 of the Health and Safety Code. The EMS Authority shall inform the Commission on EMS of studies being initiated.

(d) The EMS Authority shall notify the medical director of the local EMS agency submitting its request for approval of a trial study within fourteen (14) days of receiving the request that the request has been received.

(e) The Director of the EMS Authority shall render the decision to approve or disapprove the trial study within forty-five (45) days of receipt of all materials specified in subsections (a) and (b) of this section.

(f) Within eighteen (18) months of the initiation of the procedure(s) or medication(s), the medical director of the local EMS agency shall submit to the Commission on EMS a written report which includes at a minimum the progress of the study, number of patients studied, beneficial effects, adverse reactions or complications, appropriate statistical evaluation, and general conclusion.

(g) The Commission on EMS shall review the above report within two (2) meetings and advise the EMS Authority to do one of the following:

(1) Recommend termination of the study if there are adverse effects or if no benefit from the study is shown.

(2) Recommend continuation of the study for a maximum of eighteen (18) additional months if potential but inconclusive benefit is shown.

(3) Recommend the procedure or medication be added to the EMT-I scope of practice.

(h) If option (g)(2) is selected, the Commission on EMS may advise continuation of the study as structured or alteration of the study to increase the validity of the results.

(i) At the end of the additional eighteen (18) month period, a final report shall be submitted to the Commission on EMS with the same format as described in (f) above.

(j) The Commission on EMS shall review the final report and advise the EMS Authority to do one of the following:

(1) Recommend termination or further extension of the study.

(2) Accept the study recommendations.

(3) Recommend the procedure or medication be added to the EMT-I scope of practice.

(k) The EMS Authority may require a trial study(ies) to cease after thirty-six (36) months.

NOTE: Authority cited: Section 1797.107 and 1797.170, Health and Safety Code. Reference: Sections 1797.170 and 1797.221, Health and Safety Code.

Article 3. Program Requirements for EMT-I Training Programs

§ 100065. Approved Training Programs.

(a) The purpose of an EMT-I training program shall be to prepare individuals to render prehospital basic life support at the scene of an emergency, during transport of the sick and injured, or during interfacility transfer within an organized EMS system.

(b) EMT-I training may be offered only by approved training programs. Eligibility for program approval shall be limited to:

(1) Accredited universities and colleges including junior and community colleges, school districts, and private post-secondary schools.

(2) Medical training units of a branch of the Armed Forces including the Coast Guard of the United States.

(3) Licensed general acute care hospitals which meet the following criteria:

(A) Hold a special permit to operate a Basic or Comprehensive Emergency Medical Service pursuant to the provisions of Division 5; and

(B) provide continuing education to other health care professionals.

(4) Agencies of government including public safety agencies.

(5) Local EMS agencies.

NOTE: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.173, Health and Safety Code.
Reference: Sections 1797.170, 1797.173, 1797.208 and 1797.213 Health and Safety Code.

§ 100066. Procedure for Program Approval.

(a) Eligible training programs may submit a written request for EMT-I program approval to an EMT-I approving authority.

(b) The EMT-I approving authority shall review and approve the following prior to approving an EMT-I training program:

(1) A statement verifying usage of State EMT-I curriculum which includes learning objectives, skills protocols, and treatment guidelines.

(2) Session guides or lesson plans.

(3) A course outline if different from the State EMT-I curriculum format.

(4) Samples of written and skills examinations used for periodic testing.

(5) A final skills competency examination.

(6) A final written examination.

(7) The name and qualifications of the program director, program clinical coordinator, and principal instructor(s).

(8) Provisions for clinical experience, as defined in Section 100068 of this Chapter.

(9) Provisions for course completion by challenge, including a challenge examination (if different from final examination).

(10) Provisions for a refresher course including subsections (1)-(9) above, and/or continuing education courses including subsections (1)-(3) above, required for recertification.

(11) The location at which the courses are to be offered and their proposed dates.

(12) Table of contents listing the required information listed in this subsection, with corresponding page numbers.

(c) In addition to those items listed in subdivision (b) of this section, the EMS Authority shall assure that a statewide public safety agency meets the following criteria in order to approve that agency as qualified to conduct a statewide EMT-I training program:

(1) Has a statewide role and responsibility in matters affecting public safety.

(2) Has a centralized authority over its EMT-I training program instruction which can correct any elements of the program found to be in conflict with this Chapter.

(3) Has a management structure which monitors all of its EMT-I training programs.

(4) Has designated a liaison to the EMS Authority who shall respond to problems or conflicts identified in the operation of its EMT-I training program.

(5) In addition, these agencies shall meet the following additional requirements:

(A) Designate the principal instructor as a liaison to the EMT-I approving authority for the county in which the training is conducted; and

(B) Consult with the EMT-I approving authority for the county in which the training is located in developing the EMS System Orientation portion of the EMT-I course.

(d) The EMT-I approving authority shall make available to the EMS Authority, upon request, any or all materials submitted pursuant to this section by an approved EMT-I training program in order to allow the EMS Authority to make the determination required by Section 1797.173 of the Health and Safety Code.

NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety Code. Reference: Sections 1797.170, 1797.173, 1797.208 and 1797.213, Health and Safety Code.

§ 100067. Didactic and Skills Laboratory.

An approved EMT-I training program shall assure that no more than ten (10) students are assigned to one (1) principal instructor/teaching assistant during skills practice/laboratory sessions.

NOTE: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.173, Health and Safety Code.

Reference: Sections 1797.170, 1797.173 and 1797.208, Health and Safety Code.

§ 100068. Clinical Experience for EMT-I.

Each approved EMT-I training program shall have written agreement(s) with one or more general acute care hospital(s) and/or operational ambulance provider(s) or rescue vehicle provider(s) for the clinical portion of the EMT-I training course. The written agreement(s) shall specify the roles and responsibilities of the training program and the clinical provider(s) for supplying the supervised clinical experience for the EMT-I student(s). Supervision for the clinical experience shall be provided by an individual who meets the qualifications of a principal instructor or teaching assistant. No more than three (3) students will be assigned to one (1) qualified supervisor during the supervised clinical experience.

NOTE: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.173, Health and Safety Code.

Reference: Sections 1797.170, 1797.173 and 1797.208, Health and Safety Code.

§ 100069. Program Approval.

(a) In accordance with Section 100057 (a) the EMS Authority shall notify the training program submitting its request for training program approval within seven (7) days of receiving the request that:

- (1) The request has been received,
- (2) The request contains or does not contain the information requested in Section 100066 of this Chapter and,
- (3) What information, if any, is missing from the request.

(b) Program approval or disapproval shall be made in writing by the EMT-I approving authority to the requesting training program within a reasonable period of time after receipt of all required documentation. This time period shall not exceed three (3) months.

(c) The EMT-I approving authority shall establish the effective date of program approval in writing upon the satisfactory documentation of compliance with all program requirements.

(d) Program approval shall be for four (4) years following the effective date of program approval and may be renewed every four (4) years subject to the procedure for program approval specified in this section.

NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety Code. Reference: Sections 1797.109, 1797.170, 1797.173 and 1797.208, Health and Safety Code.

§ 100070. Teaching Staff.

Each EMT-I training program shall provide for the functions of administrative direction, medical quality coordination, and actual program instruction. Nothing in this section precludes the same individual from being responsible for more than one of the following functions if so qualified by the provisions of this section:

(a) Each EMT-I training program shall have an approved program director who shall be qualified by education and experience in methods, materials, and evaluation of instruction. Duties of the program director, in coordination with the program clinical coordinator, shall include by not be limited to:

- (1) Administering the training program.
- (2) Approving course content.
- (3) Approving all written examinations and the final skills examination.
- (4) Coordinating all clinical and field activities related to the course.
- (5) Approving the principal instructor(s) and teaching assistants.
- (6) Signing all course completion records.
- (7) Assuring that all aspects of the EMT-I training program are in compliance with this Chapter and other related laws.

(b) Each training program shall have an approved program clinical coordinator who shall be either a physician, registered nurse, or physician assistant, currently licensed in California, or an EMT-P currently certified in California, and who shall have two (2) years of academic or clinical experience in emergency medicine or prehospital care in the last five (5) years. Duties of the program clinical coordinator shall include, but not be limited to:

- (1) Responsibility for the overall quality of medical content of the program;
 - (2) Approval of the qualifications of the principal instructor(s) and teaching assistant(s).
- (c) Each training program shall have a principal instructor(s), who may also be the program clinical coordinator or program director, who shall:
- (1) Be a physician, registered nurse or physician assistant, currently licensed in California; or,
 - (2) Be an EMT-P or EMT-II who is or has been previously certified in California.
 - (3) have at least two (2) years of academic or clinical experience in the practice of emergency medicine or prehospital care in the last five (5) years.
 - (4) Be approved by the program director in coordination with the program clinical coordinator as qualified to teach the topics to which s/he is to assigned.
 - (5) Teach no less than fifty (50) percent of the didactic classroom hours of the topics assigned.
- (d) Each training program may have teaching assistant(s) who shall be qualified by training and experience to assist with teaching of the course and shall be approved by the program director in coordination with the program clinical coordinator as qualified to assist in teaching the topics to which the assistant is to be assigned. A teaching assistant shall be supervised by a principal instructor, the program director and/or the program clinical coordinator.

NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety Code. Reference: Sections 1797.109, 1797.170 and 1797.208, Health and Safety Code.

§ 100071. Program Review and Reporting.

(a) All program materials specified in this Chapter shall be subject to periodic review by the EMT-I approving authority.

(b) All programs shall be subject to periodic on-site evaluation by the EMT-I approving authority.

(c) Any person or agency conducting a training program shall notify the EMT-I approving authority in writing, in advance when possible, and in all cases within thirty (30) days of any change in course content, hours of instruction, program director or program clinical coordinator.

NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety Code. Reference: Sections 1797.109, 1797.170 and 1797.208, Health and Safety Code.

§ 100072. Withdrawal of Program Approval.

Noncompliance with any criterion required for program approval, use of any unqualified teaching personnel, or noncompliance with any other applicable provision of this Chapter may result in suspension or revocation of program approval by the EMT-I approving authority. An approved EMT-I training program shall have no more than (60) days from date of written notice to comply with this Chapter.

NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety Code. Reference: Sections 1797.109, 1797.170, 1797.208 and 1798.202, Health and Safety Code.

§ 100073. Components of an Approved Program.

(a) An approved EMT-I training program shall consist of all of the following:

- (1) The EMT-I course, including clinical experience;
- (2) Periodic and a final written and skill competency examinations;
- (3) A challenge examination; and
- (4) A refresher course required for recertification.

(b) The local EMS agency may approve a training program that offers only refresher course(s).

NOTE: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.175, Health and Safety Code. Reference: Sections 1797.109, 1797.170 and 1797.208, Health and Safety Code.

§ 100074. Required Course Hours.

(a) The EMT-I course shall consist of not less than one hundred ten (110) hours. These training hours shall be divided into:

- (1) A minimum of one hundred (100) hours of classroom and laboratory instruction; and
- (2) A minimum of ten (10) hours of supervised clinical experience.

The clinical experience shall include three (3) patient or equivalent simulated patient contacts wherein a patient assessment and other EMT-I skills are performed.

(b) The minimum hours shall not include the examination for EMT-I certification.

NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety Code. Reference: Section 1797.170, Health and Safety Code.

§ 100075. Required Course Content.

The EMT-I course content shall include instruction to result in competence in the following topics and skills listed in the modules below. Training programs are not required to teach these topics and skills in the modular format or order indicated.

- (a) MODULE I: THE EMT-I.
 - (1) Role and responsibilities of the EMT-I.
 - (A) Responsibility to patient to include confidentiality.
 - (B) Other EMT-I roles at scene.
 - (2) Emergency medical services system components, including:
 - (A) Overview of EMS system.
 - 1. State and local.
 - 2. EMT-I, II and P in California.
 - (B) Lay recognition and system access.
 - (C) Initiation of the emergency medical services response.
 - (D) Scene management.
 - (E) Transportation of emergency personnel, equipment and the patient.
 - (F) Overview of hospital categorization and designation.
 - (G) Communications overview.
 - (H) Record keeping.
 - (I) Multi-victim incidents and disasters.
 - (J) Preservation of evidence.
 - (3) Laws governing the EMT-I, including:
 - (A) Medical practice acts affecting the EMT-I, to include Title 22, Division 9 of the California Code of Regulations, and Division 2.5 of the Health and Safety Code.
 - (B) Scope of practice of EMT-I.
 - (C) Good Samaritan laws--Section 1799 of the Health and Safety Code.
 - (D) Duty to act.
 - (E) Consent-implied and informed to include consent of a minor.
 - (F) Negligence.
 - (G) Abandonment.
 - (H) Child and elder abuse.
 - (I) The health professional at the scene.
 - (J) Legal detention-Welfare and Institutions Code, Sections 5150 and 5170.
 - (K) Determining death-local guidelines.
 - (L) Do Not Resuscitate (DNR)--state EMS Authority guidelines.
- (b) MODULE II: HUMAN SYSTEMS AND PATIENT ASSESSMENT.
 - (1) Medical terminology--overview of medical terminology including anatomical terms.
 - (2) Human systems--overview of anatomy and physiology, including:
 - (A) The cell--basic structure and function.
 - (B) Tissues.
 - (C) Homeostasis.
 - (D) Body systems.
 - 1. Skeletal system.
 - 2. Muscular system.
 - 3. Cardiovascular (circulatory) system.

4. Digestive system.
5. Respiratory system.
6. Genitourinary system.
7. Nervous system.
- (E) Body cavities, and
- (F) Surface anatomy.
- (3) Patient assessment, including:
 - (A) Approach to patient assessment including scene assessment and mechanism of injury.
 - (B) Patient history.
 - (C) Diagnostic signs, including:
 1. Vital signs.
 2. Skin signs.
 3. Eye signs.
 4. Level of consciousness/brief neurological examination.
 5. Chest auscultation.
 - (D) Physical examination.
 1. Primary survey.
 2. Secondary survey.
 - (E) Reporting.
- (4) Management skills, including:
 - (A) Diagnostic signs, including:
 1. Vital signs.
 2. Skin signs.
 3. Eye signs.
 4. Level of consciousness/brief neurological examination.
 5. Chest auscultation to determine presence or absence of breath sounds.
 - (B) Physical examination.
 1. Primary survey.
 2. Secondary survey.
- (c) MODULE III: SHOCK.
 - (1) Fluids, including:
 - (A) Body fluids and distribution.
 - (B) Blood and its composition.
 - (C) Intravenous solutions that may be used by an EMT-II or EMT-P.
 - (2) General nature and cause of shock, patient assessment, complications and the prehospital management of shock.
 - (3) Management skills, including:
 - (A) Control of hemorrhage.
 - (B) Shock position.
 - (C) Assisting the EMT-II or EMT-P with antishock garment.
 - (D) Assisting the EMT-II or EMT-P with intravenous set-up.

- (d) MODULE IV: GENERAL PHARMACOLOGY-(omitted).
- (e) MODULE V: RESPIRATORY SYSTEM.
 - (1) Anatomy and physiology, including:
 - (A) Composition of gases in the environment.
 - (B) Exchange of gases in the lung.
 - (C) Regulation of respiration.
 - (D) Evaluation of ventilation.
 - (2) Nature of the illness, patient assessment, complications, and the prehospital management of respiratory disorders, including:
 - (A) Airway obstruction.
 - (B) Pulmonary arrest.
 - (C) Respiratory distress/nontraumatic dyspnea including:
 - 1. Asthma and chronic obstructive pulmonary disease.
 - 2. Acute pulmonary edema.
 - 3. Inhalation of toxic substances.
 - 4. Pulmonary embolism.
 - 5. Hyperventilation syndrome.
 - 6. Other causes of dyspnea.
 - (3) Nature of the injury, patient assessment, complications and the prehospital management of:
 - (A) Rib fractures.
 - (B) Flail chest.
 - (C) Pneumothorax and hemopneumothorax.
 - (D) Tension pneumothorax.
 - (4) Management skills, including:
 - (A) Airway management (Basic Cardiac Life Support) including:
 - 1. Evaluation of breathing.
 - 2. Opening the airway.
 - 3. Expired air ventilation, including:
 - a. Mouth to mouth.
 - b. Mouth to nose.
 - c. Mouth to mouth and nose (infants).
 - d. Mouth to stoma (laryngectomies).
 - 4. Obstructed airway management.
 - (B) Airway management with airway adjuncts, including:
 - 1. Suction.
 - 2. Basic oxygen delivery--nasal cannulas and mask.
 - 3. Pocket mask.
 - 4. Bag-valve-mask resuscitator.
 - 5. Demand-valve positive pressure resuscitator.
 - 6. Assisting EMT-II and EMT-P with ventilation by esophageal airway and endotracheal tube.
 - 7. Nasopharyngeal.

8. Oropharyngeal.

(f) MODULE VI: CARDIOVASCULAR SYSTEM.

(1) Anatomy and physiology.

(2) Nature of illness, patient assessment, complications, and the prehospital management of cardiovascular problems, including:

(A) Coronary artery disease-angina and acute myocardial infarction.

(B) Other causes of chest pain.

(C) Congestive heart failure.

(D) Cardiogenic shock.

(E) Cardiac arrest.

(F) Hypertensive emergencies.

(G) Early defibrillation concepts.

(3) Management skills according to American Heart Association or American Red Cross, including:

(A) One rescuer CPR.

(B) Two rescuer CPR.

(C) Infant and child CPR.

(g) MODULE VII: NERVOUS SYSTEM.

(1) Anatomy and physiology, including:

(A) Brain and spinal cord.

(B) Peripheral nerves.

(2) Nature of the illness or injury, patient assessment, complications, and prehospital management of nervous system problems, including:

(A) Head and spinal cord trauma.

(B) Altered level of consciousness, including:

1. Coma.

2. Seizures.

3. Stroke.

4. Syncope.

5. Other causes.

(3) Management skills, including:

(A) Cervical spine immobilization, including hard collars, short board; and other devices.

(B) Spinal immobilization, including long board and other spinal immobilization devices.

(C) Log Roll.

(D) Management of head injuries.

(E) Management of altered states of consciousness including positioning.

(F) Helmet removal.

(h) MODULE VIII: SOFT TISSUE INJURIES.

(1) Anatomy and physiology.

(2) Nature of the injury, patient assessment, complications, and the prehospital management of soft tissue injuries, including:

(A) Open wounds-abrasions, lacerations, avulsions, amputations and punctures.

(B) Closed wounds-contusions and hematomas.

(C) Burns.

1. Thermal, to include tar burns.
2. Chemical.
3. Electrical, to include lightning.
4. Radiation.

(D) Special considerations in soft tissue injuries to the following specific areas, including impaled objects:

1. Eye.
2. Face, ears, nose and throat.
3. Neck.
4. Abdomen.
5. Genitourinary.

(3) Management skills, including:

- (A) Bandaging.
- (B) Splinting and immobilization.
- (C) Control of bleeding.

(i) MODULE IX: MUSCULOSKELETAL SYSTEM.

(1) Anatomy and physiology.

(2) Nature of the injury, patient assessment, complications, and the prehospital management of musculoskeletal injuries, including:

(A) Fractures, to include severely angulated extremity and loss of distal pulse

1. Closed.
 2. Open.
- (B) Dislocations.
- (C) Sprains.
- (D) Strains.

(3) Management skills, including:

(A) General principles of splinting and immobilization to include severely angulated extremity and loss of distal pulse.

1. Closed.
 2. Open.
- (B) Types of splints--rigid, soft, traction.
- (C) Management of specific fractures and dislocations.

(j) MODULE X: MEDICAL EMERGENCIES.

(1) Nature of the illness, patient assessment, complications and the prehospital management of medical emergencies, including:

- (A) Diabetic emergencies, including the use of oral glucose.
- (B) Allergic reactions.
- (C) Alcohol and drug abuse.
- (D) Poisoning and overdose.
- (E) Nontraumatic acute abdomen including gastrointestinal bleeding.

- (F) Communicable diseases, including universal precautions.
- (G) Genitourinary problems.
- (2) Nature of the illness, patient assessment, complications and the prehospital management of environmental emergencies, including:
 - (A) Heat exposure.
 - (B) Cold exposure.
 - (C) Poisonous and nonpoisonous bites and stings.
 - (D) Near drowning.
 - (E) Atmospheric pressure-related problems.
 - (F) Decompression sickness and air embolism.
 - (G) Altitude sickness.
- (3) Management skills, including:
 - (A) Snake bite including constricting band.
- (k) MODULE XI: OBSTETRIC AND GYNECOLOGIC EMERGENCIES.
- (1) Anatomy and physiology.
- (2) The stages of labor and normal delivery, including assessing for imminent delivery in the field.
- (3) Nature of the problem, patient assessment, complications and the prehospital management of obstetric and gynecologic emergencies, including:
 - (A) Vaginal bleeding and hypotension.
 - (B) Ruptured ectopic pregnancy.
 - (C) Abruptio placenta and placenta praevia.
 - (D) Toxemia of pregnancy.
 - (E) Abnormal fetal presentation.
- 1. Limb.
- 2. Breech.
- (F) Prolapsed cord.
- (G) Failure to progress.
- (H) Postpartum hemorrhage.
- (I) Premature birth.
- (J) Multiple births.
- (K) Sexual assault, to include provision of emotional support.
- (L) Supine hypotensive syndrome.
- (M) Pregnancy induced hypertension.
- (4) Nature of the problem, specific patient assessment, complications, and prehospital management of the neonate, including:
 - (A) Assessment of the newborn.
 - (B) Temperature regulation.
 - (C) Resuscitation.
- (5) Management skills, including:
 - (A) Assisting with normal deliveries.
 - (B) Neonatal resuscitation (Module VI).

(l) MODULE XII: PEDIATRICS.

(1) Special considerations, to include:

(A) Approach to the pediatric patient.

(B) Approach to parents.

(2) Nature of the problem, patient assessment, complications and the prehospital management of emergencies especially related to the pediatric age group, including:

(A) Respiratory distress.

1. Epiglottitis.

2. Foreign body aspiration.

3. Croup.

4. Asthma/bronchitis/bronchiolitis.

(B) Near drowning.

(C) Sudden infant death syndrome, as mandated by Section 1797.170 of the Health and Safety Code.

(D) Cardiopulmonary arrest.

(E) Medical emergencies.

1. Seizures.

2. Meningitis.

3. Common communicable diseases.

(F) Child abuse and neglect.

(G) Trauma.

(3) Management skills, including:

(A) Cardiopulmonary resuscitation in neonates, infants, and children (Module VI).

(B) Airway and ventilatory adjuncts utilized for neonates, infants and children.

(C) Cooling measures.

(m) MODULE XIII: BEHAVIORAL EMERGENCIES.

(1) Responses to illness, injury, death and dying.

(2) Behavioral emergencies, to include:

(A) Management of patients, family, bystanders, rescuers.

(B) Patients who are a danger to themselves or others.

(C) Other behavioral emergencies.

(3) Management skills, including:

(A) Restraining techniques and precautions.

(B) Management of difficult patient situations.

(n) MODULE XIV: EXTRICATION AND RESCUE.

(1) Phases of the rescue.

(2) Lifting and moving patients.

(3) Using short board and collar.

(4) Extrication, and rescue techniques.

(A) Single vehicle entry using pry bar, spring loaded center punch, and other tools and techniques.

(5) Disasters and multicasualty management, including:

(A) Triage.

- (B) Incident command system (ICS) and communication.
- (C) Treatment.
- (D) Transportation.
- (E) Mass hysteria.
- (F) Morgue/coroner.
- (G) Evacuation.
- (6) Hazardous material incidents, including:
 - (A) Recognizing and reporting.
 - (B) Precautions.
 - (C) Securing area.
 - (D) Contamination and decontamination.
- (7) Management skills, including:
 - (A) Moving and lifting patients.
 - (B) Extrication techniques.
 - (C) Proficiency with tools.
- (o) MODULE XV: COMMUNICATIONS.
 - (1) Basics of an EMS communications system.
 - (2) Communications regulations and procedures, including:
 - (A) Communication policies and procedures.
 - (B) Radio skills.
- (p) MODULE XVI: AMBULANCE TRANSPORT
 - (1) Roles and responsibilities.
 - (2) Techniques of emergency ambulance driving and maintaining the ambulance equipment and supplies.
 - (3) Radio communications.
 - (4) Driver licensing.
 - (5) Maintenance of medical equipment and supplies.
 - (6) Legal aspects.
 - (7) Records and reports.
 - (8) Considerations for transport of patients with foley catheters, nasogastric (NG) tubes, gastrostomy tubes, heparin locks, preexisting vascular access devices, and tracheostomy tubes.
 - (9) Intravenous monitoring, including:
 - (A) Legal aspects.
 - (B) Local protocol.
 - (C) Types of equipment and solutions.
 - (D) Drip rate monitoring and maintenance.
 - (E) Turn off flow.
 - (F) Intervention techniques.
 - 1. Reposition arm and/or equipment.
 - 2. Examine tubing for restrictions to flow.
 - (G) Complications.
 - 1. Control bleeding.

(H) Intervention.

(10) Management skills, including:

(A) Use of transporting devices.

(B) Radio communication.

(C) CPR during movement and transportation.

(D) IV monitoring.

(q) The course content shall not include skills which exceed the scope of practice defined in this Chapter.

NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety Code. Reference: Sections 1797.170 and 1797.173, Health and Safety Code.

§ 100076. Required Testing.

Each component of an approved program shall include periodic and final competency-based examinations to test the knowledge and skills specified in this Chapter. Satisfactory performance in these written and skills examinations shall be demonstrated for successful completion of the course. Satisfactory performance shall be determined by preestablished standards, developed and/or approved by the EMT-I approving authority pursuant to Section 100066 of this Chapter.

NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety Code. Reference: Sections 1797.109, 1797.170, 1797.208 and 1797.210, Health and Safety Code.

§ 100077. Course Completion Record.

(a) An approved EMT-I training program provider and approved EMT-I continuing education course provider shall issue a course completion record to each person who has successfully completed the EMT-I Course, refresher course, continuing education course, or challenge examination.

(b) The course completion record shall contain the following:

(1) The name of the individual.

(2) The date of course completion.

(3) Type of EMT-I course completed (i.e., EMT-I, refresher, continuing education, or challenge), and the number of hours completed.

(4) The EMT-I approving authority.

(5) The signature of the program director.

(6) The name and location of the training program issuing the record.

(7) The following statement in bold print:

(A) **“This is not an EMT-I certificate”.**

(B) This course completion record is valid to apply for certification for a maximum of two (2) years from the course completion date and shall be recognized statewide.

(c) The name and address of each person receiving a course completion record and the date of course completion shall be reported in writing to the appropriate EMT-I certifying authority within fifteen (15) days of course completion.

(d) Approved EMT-I training programs which are also approved EMT-I Certifying Authorities need not issue a Course Completion record to those students who will receive certification from the same agency.

NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety Code. Reference: Sections 1797.109 and 1797.170, Health and Safety Code.

§ 100078. Course Completion by Challenge Examination.

(a) An individual may obtain an EMT-I course completion record by successfully passing by pre-established standards, developed and/or approved by the EMT-I approving authority pursuant to Section 100066 of this Chapter, a course challenge examination if s/he meets one of the following eligibility requirements:

(1) The person is a currently licensed physician, registered nurse, physician assistant, vocational nurse, or currently certified EMT-P.

(2) The person provides documented evidence of having successfully completed an emergency medical service training program of the Armed Forces including the Coast Guard of the United States within the preceding two (2) years which meets the Department of Transportation EMT-I course guidelines. Upon review of documentation, the EMT-I certifying authority may also allow an individual to challenge if the individual was active in the last two (2) years in a prehospital emergency medical classification of the Armed Services, including the Coast Guard of the United States, which does not have formal recertification requirements. These individuals may be required to take a refresher course or complete continuing education courses as a condition of certification.

(b) The course challenge examination shall consist of a competency-based written and skills examination to test knowledge of the topics and skills prescribed in this Chapter.

(c) An approved EMT-I training program shall offer an EMT-I challenge examination no less than once each time the EMT-I course is given, (unless otherwise specified by the program's EMT-I approving authority).

(d) The EMT-I certifying authority may provide the written and skills EMT-I challenge examination and designate such tests as the certifying examination.

(e) An eligible person shall be permitted to take the EMT-I course challenge examination only one time.

(f) An individual who fails to achieve a passing score on the EMT-I course challenge examination shall successfully complete an EMT-I course to receive an EMT-I course completion record.

NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety Code. Reference: Sections 1797.109, 1797.170, 1797.208 and 1797.210, Health and Safety Code.

Article 4. EMT-I Certification

§ 100079. Certification.

(a) In order to be eligible for certification, an individual shall:

(1) Have a valid EMT-I course completion record or other documented proof of successful completion of an approved EMT-I course.

(2) Apply for certification within two (2) years of the date of course completion.

(3) Pass, by preestablished standards developed and/or approved by the EMT-I certifying authority pursuant to this Section and Section 100066 of this Chapter, a competency-based written and skills certifying examination.

(4) Be eighteen (18) years of age or older.

(5) Comply with other reasonable requirements, as may be established by the EMT-I certifying authority, such as:

(A) Complete an application form.

(B) Complete a statement that the individual is not precluded from certification for reasons defined in Section 1798.200 of the Health and Safety Code.

(C) Pay the established fee.

(D) Furnish a current photograph for identification purposes.

(E) Complete the additional training specified in Section 100063 (b), and Section 100064 if applicable, of this Chapter.

(F) Attend orientation on local EMS policies and procedures.

(b) An individual who has possessed a valid California EMT-I certificate within the last four (4) years, or has possessed a valid California EMT-II or EMT-P certificate and has met the recertification requirements in Section 100081, subsection (a)(3), of this Chapter shall be eligible for certification upon fulfilling the requirements of subsections (a)(3) and (a)(5) of this section.

(c) An individual currently certified in California as an EMT-P is deemed to be certified as an EMT-I with no further testing required.

(d) An individual who meets one of the following criteria shall be eligible for certification upon fulfilling the requirements of subsections (a)(3), (4), and (5) of this section.

(1) Possesses or has possessed within the last four (4) years a valid out-of-state or National Registry EMT-I certificate, has completed training equivalent to the United States Department of Transportation Emergency Medical Technician National Standard Curriculum, and has met the recertification requirements in Section 100081 of this Chapter.

(2) Possesses or has possessed a valid out-of-state or National Registry EMT-Intermediate or EMT-P certificate and has met the recertification requirements in Section 100081 of this Chapter.

(3) Has documentation of successful completion of an out-of-state EMT-I training course, within the last two (2) years which meets the requirements of this Chapter.

(e) The certification examination may be waived by the medical director of the local EMS agency for those individuals who possess a current National Registry EMT-I, EMT-Intermediate or EMT-P Certificate or an out-of-state EMT-I, EMT-Intermediate, or EMT-P certificate whose requirements are equivalent to or exceed the requirements of this Chapter and who meet the following:

(1) Submit documentation of his/her EMT-I, EMT-Intermediate, or EMT-P certification; and

(2) Fulfill the provisions of subsections (a)(4) and (a)(5) of this section.

(f) The medical director of the local EMS agency may grant a provisional EMT-I certificate not to exceed three (3) months to those individuals for whom the certification examination has been waived as specified in subsection (e) of this section. Provisional certificates are valid only in the local EMS jurisdiction in which they are issued.

(g) The certifying examination shall include:

- (1) A competency-based written examination;
 - (2) Individual demonstration of competence in skills required in the following topics:
 - (A) patient examination;
 - (B) airway emergencies;
 - (C) breathing emergencies;
 - (D) cardiopulmonary resuscitation;
 - (E) circulation emergencies;
 - (F) neurological emergencies;
 - (G) soft tissue injury;
 - (H) musculoskeletal injury; and
 - (I) obstetrical emergencies.
 - (h) Each EMT-I certifying authority shall provide for adequate certification examinations to accommodate the eligible individuals requesting certification in the certifying authority's jurisdiction, but in no case less than once per year, unless otherwise specified by the EMT-I approving authority.
 - (i) The EMT-I certifying authority shall issue a wallet-sized certificate to eligible individuals. The certificate shall contain the following:
 - (1) The name of the individual certified.
 - (2) The date the certificate was issued.
 - (3) The date of expiration.
 - (4) The name and location of the EMT-I certifying authority.
 - (5) The name and signature of the individual authorized to certify, or facsimile of same.
 - (6) A statement that the individual named on the card has fulfilled the requirements for certification as an EMT-I in California.
 - (j) Certification as an EMT-I shall be for a maximum of two (2) years except that in the case of an individual currently certified as an EMT-P, who is deemed to be certified as an EMT-I pursuant to subsection (c), the expiration date of the EMT-I certificate shall be two (2) years from the expiration date of the current EMT-P certificate. The effective date of certification, as used in this Chapter, shall be the date the individual satisfactorily completes all certification requirements and has applied for certification. The certification expiration date will be the final day of the final month of the two (2) year period.
- NOTE: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.175, Health and Safety Code.
Reference: Sections 1797.109, 1797.175, 1797.177, 1797.210 and 1797.216, Health and Safety Code.

Article 5. Recertification Requirements

§ 100080. Continuing Education and Refresher Course.

In order to maintain certification, an EMT shall participate in either continuing education courses or complete a refresher course approved by the approving authority. Approved continuing education and refresher courses shall be accepted statewide.

- (a) The EMS Authority shall approve continuing education and refresher courses for those statewide public safety agencies that have approved training programs.

(b) A local EMS agency shall approve providers of continuing education and refresher courses for EMT-I recertification requirements.

(c) Continuing education shall consist of a minimum of twenty-four (24) hours of classroom and laboratory instruction, not including recertification testing, in basic life support knowledge and skills to include airway management and cardiopulmonary resuscitation:

(1) Continuing education may be obtained at any time throughout the current certification period; and

(2) Credit shall only be given for the actual time in attendance.

(d) The EMT-I refresher course shall consist of at least twenty-four (24) hours of classroom and laboratory instruction, not including recertification testing; and

(1) Instruction shall be completed at any time throughout the current certification period;

(2) Shall be offered by EMT-I training programs not less than once a year unless otherwise specified by the EMT approving authority;

(3) Include a review of the topics and skills prescribed in this Chapter, in addition to discussions of new developments in basic life support;

(4) Include both a written and skills competency examination to test the knowledge of topics and skills prescribed in this Chapter.

(5) EMT training programs may present the twenty-four (24) hour refresher course in a modular format.

(e) Continuing education and refresher course providers shall:

(1) Issue course completion records pursuant to Section 100077 to all individuals who successfully complete approved continuing education courses taught pursuant to this section. This course completion record must specify the number of continuing education hours approved and the name of the approving authority; and

(2) Maintain an enrollment record for each class taught for five (5) years.

(f) An individual shall provide evidence of the continuing education hours obtained to the EMT certifying authority upon their request.

(g) An individual who is currently certified in California as an EMT-P or EMT-II, or who has been certified within six (6) months of the date of application, may be given credit for continuing education hours earned as an EMT-P or EMT-II to satisfy the continuing education requirement for EMT-I recertification as specified in this Chapter.

NOTE: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.175, Health and Safety Code.

Reference: Sections 1797.109, 1797.170, 1797.210 and 1797.216, Health and Safety Code.

§ 100081. Recertification.

(a) In order to be eligible for recertification, an individual shall:

(1) Possess a current California EMT-I certificate,

(2) Pass, once every four (4) years, a competency-based written and skills certification examination, which includes testing in cardiopulmonary resuscitation and mechanical ventilation, and which has been approved by the EMT-I certifying authority.

(3) Successfully complete an approved refresher course or obtain continuing education hours as specified in Section 100080 of this chapter.

(b) If the recertification requirements are met within six (6) months prior to the expiration date, the EMT-I certifying authority shall make the effective date of certification the expiration date of the current certificate. The certification expiration date will be the final day of the final month of the two-year period.

(c) Each EMT-I certifying authority shall provide for adequate recertification tests to accommodate those certified individuals within the jurisdiction of the EMT-I certifying authority but in no case less than once per year unless otherwise specified by the EMT-I approving authority.

(d) The EMT-I certifying authority shall issue a wallet-sized certificate to eligible persons who apply for recertification. That certificate shall contain the information specified in Section 100079, subsection (i).

NOTE: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.175, Health and Safety Code.

Reference: Sections 1797.109, 1797.170, 1797.175, 1797.210 and 1797.216, Health and Safety Code.

Article 6. Record Keeping and Fees

§ 100082. Record Keeping.

(a) Each EMT-I approving authority shall maintain a list of approved training programs within its jurisdiction and provide the EMS Authority with a copy. The EMS Authority shall be notified of any changes in the list of approved training programs as such occur.

(b) Each EMT-I approving authority shall maintain a list of current EMT-I program directors, clinical coordinators and principal instructors within its jurisdiction.

(c) The EMS Authority shall maintain a record of approved EMT-I training programs.

(d) Each EMT-I certifying authority shall, at a minimum, maintain a list of all EMT-Is certified or recertified by them in the preceding four (4) years. Each EMT-I certifying authority shall maintain a list of all EMT-Is whose certificate has been suspended or revoked and submit the names to the EMS Authority as such occurs.

(e) A local EMS agency that suspends or revokes an EMT-I certificate shall notify the EMT-I certifying authority that issued the certificate.

(f) A local EMS agency may develop policies and procedures which require basic life support services to make available the records of calls maintained in accordance with Section 1100.7, Title 13 of the California Code of Regulations.

NOTE: Authority cited: Sections 1797.107, 1797.109, 1797.170 and 1797.175, Health and Safety Code.

Reference: Sections 1797.109, 1797.170, 1797.173, 1797.200, 1797.202, 1797.204, 1797.208 and 1797.220, Health and Safety Code.

§ 100083. Fees.

A local EMS agency may establish a schedule of fees for EMT-I training program review approval, EMT-I certification and EMT-I recertification in an amount sufficient to cover the reasonable cost of complying with the provisions of this Chapter.

NOTE: Authority cited: Sections 1797.107, 1797.109 and 1797.170, Health and Safety Code. Reference: Sections 1797.170, 1797.212 and 1797.213 Health and Safety Code.